

## Session Thirteen

### **What Are My Patients Thinking?**

### **A Session for Health Care Providers**



## 13

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**Note:** This session should be conducted for health care providers by a peer health care provider (e.g., a primary care physician should lead a discussion with other primary care physicians).

**Background**

Being diagnosed with a chronic disease like diabetes can have a huge emotional impact on your patients. Some patients find it hard to listen and to remember what you as their health care provider have told them, because their minds are occupied with adjusting to their new diagnosis. Some patients may be very difficult to work with because they don't follow your recommendations, they seem unconcerned or disbelieving, or they are even angry with you. This discussion is designed to explore what is going on in these instances, and how you can turn such difficult interactions into fruitful ones.

**Objectives**

1. To discuss the issue of “therapeutic nihilism”—the idea that some people won't do what you recommend, so why waste your time?
2. To describe the interactions in the film between Calvin and the staff at Dr. Goodson's office.
3. To discuss possible ways of dealing with difficult situations that you encounter with your patients.



***Time needed for discussion: 30 to 60 minutes (depending on whether role-playing exercises are included).***

For instructions on borrowing *The Debilitator* film, see page 4 of this guide.

The handout *Emotional Stages of Change* can be found at the end of Session 4 (after page 38).

The handouts *5As* and *Role-Playing Exercise* can be found at the end of this session (after page 102).

## Materials

- DVD of the film *The Debilitator*.
- DVD player/TV monitor.
- Handout: *Emotional Stages of Change* (included in Session Four of this discussion guide kit; make at least one copy for each participant).
- Handout: *Team Care: Comprehensive Lifetime Management for Diabetes* (one copy for each participant). Order the monograph by fax or mail using the *NDEP Publications Order Form* at the end of this guide, order it online at <http://www.ndep.nih.gov>, or download it for photocopying at <http://www.ndep.nih.gov/diabetes/pubs/TeamCare.pdf>.
- Handout: *The 5As* (included in this discussion guide kit; make one copy for each participant).
- Handout: *Role-Playing Exercise* (included in this discussion guide kit; make one copy for each participant).
- Optional: Flipchart or blackboard for writing down key words from discussion.

## Method

- Conduct a facilitated discussion (group discussion with a leader asking stimulation questions).
  - Play the film, or select scenes from the film as needed.
1. **Tell the group:** Think back to the scene in the film that depicts the radio program “The Good Doctor.” The radio show host introduces the cardiovascular surgeon guest speaker by saying, “He speaks the truth—straight from the heart.”

Some health care providers believe that we shouldn’t scare patients by giving too many details of the possible complications of diabetes, because the long list can be discouraging. Other health care providers feel that we need to be more “hard-hitting” with our patients by emphasizing the risks of poorly controlled

diabetes. What do you think health care providers should do?



***Points to bring out in the discussion:***

- Scare tactics alone are not effective and can push patients away.
- Patients need to know the truth, and they have a right to know.
- A lot depends on the emotional state of the patient at the time of his or her visit with us and on his or her ideas about preventing complications.

2. **Ask the group:** Are there some ways and times to give the patient information that are better than others?



***Points to bring out:***

- If the patient is in shock or in denial after you give the diagnosis of diabetes, he or she can't focus on what you are saying.
- Determine the patient's understanding of and experience with diabetes. A patient with several relatives who have had complications of diabetes may view diabetes very fatalistically (e.g., the patient may believe that nothing can be done to improve his or her health or to prevent death). Or the patient may be very angry with the health care system.
- Finding out what the patient's greatest concerns are may provide you with a "hook" for helping him or her to make changes, accept medications, or do glucose self-monitoring.

3. **Ask the group:** In the final scene of the film, Dr. Goodson is leading a support group. Is it realistic that the doctor would host the support group?



***Consider using the following questions:***

- **Ask:** In the film the doctor is portrayed in the role of support group leader as an ideal situation, but is this role realistic? Is it even ideal? Perhaps other

professionals are better at running support groups. Or perhaps participants are reluctant to talk about some matters in front of their doctors.

- **Ask:** Are there ways in which the physician can become involved in the patients' diabetes education and support without running the support group himself or herself?

4. **Tell the group:** On "The Good Doctor" show in the film, the cardiovascular surgeon makes several statements that may be shocking. How did you feel when you heard him say the following?

- "Others [people with diabetes] are just time bombs waiting to explode."
- "Doctors...think that people will never change, so they don't tell people what to do."

*Reactions from the group may include the following:*

- **Anger.** Participants may feel that the radio show host portrays the primary care physician in an unfavorable light or is laying unfair blame on physicians in general.
- **Frustration.** Participants have probably all experienced the feeling that some patients don't follow their recommendations, so why bother?
- **Disappointment.** Participants may acknowledge that some patients do seem like "time bombs," and they may wonder what they can do if patients do not follow their recommendations.



## Classroom Exercise: Stages of Change

1. **Tell the group:** I'd like you to spend 5 minutes right now writing down some of the things that your most difficult patients—emotionally and behaviorally difficult, not clinically difficult—have said to you. If you can, also write down what you think a good reply might be.

2. **Ask the group** [at the end of 5 minutes]: Is anyone willing to share what they've written down?

If yes, let participants spend some time sharing stories and ideas about responses. This part of the session sometimes gives frustrated clinicians an opportunity to "blow off steam." After they have released this pent-up emotion, they are in a better position to learn from the session. Try not to counter or disagree with any of the suggestions at this stage. Just let the group discuss them.

If no one volunteers to share their written responses, you may share a clinical experience of your own, or you may use one of the hypothetical ones from the handout *Role-Playing Exercises*.

3. **Tell the group:** Remember the stages of change that Dr. Kubler-Ross described in her book *On Death and Dying*? She described five basic stages: denial, depression, anger, bargaining, and acceptance. These five stages may represent too broad a generalization, because people experience many other emotions and stages of change. The stages don't necessarily occur in this order, and not everyone experiences every stage. Nevertheless, it may be useful to consider how these stages apply to someone dealing with a chronic disease like diabetes.



4. **Distribute** the handout *Emotional Stages of Change*.
5. **Ask the group:** What emotions does Calvin express during the interactions (with his doctor, with the nurse, with family members, in the support group) in the film *The Debilitator*?

*Answers might include:*

- Denial (at the initial diagnosis): "I didn't believe it, so I never went back."
- Disbelief (at the repeat diagnosis in Dr. Goodson's office): "I can't believe I have to take insulin!"
- Fear (of what it means to have diabetes): "Am I going to die?"

- Doubt (perhaps about the nurse's experience when he asks, "How long have you been doing this?").
  - Ambivalence (about going to a support group).
  - Depression. In the dream sequence, Calvin's interaction with his daughter as he sits on the couch and overeats can be a sign of depression, as can feeling guilty.
  - Bargaining. In the dream sequence, Calvin tells his daughter that he will mow the lawn after he eats, and that this will be his exercise. He doesn't say that he plans to change his eating behavior, but he bargains with her so that she will leave him alone.
  - Acceptance. Calvin shows acceptance of his diabetes when he shares his dream and his diagnosis with his family, and when he opens up at the support group.
6. **Point out** to the participants that the characters' negative emotions never get out of control in the film, but that similar situations with patients in their offices may be more extreme.



***Make sure to bring out in the discussion the following pitfalls to avoid when dealing with patients:***

- Becoming offended and getting into an argument.
- Becoming defensive.
- Trying to scare or threaten the patient into action.
- Trying to force too much information on a patient who is not ready for it.
- Blaming the patient.
- Rejecting the patient's ideas outright (for example, responding to an idea about an alternative healing method by saying, "That's just a waste of time.").
- Dismissing the patient's fears (for example, responding to the question "Am I going to die?" by saying, "Don't be ridiculous!").



7. **End the session** on a positive note. Discuss the resources available for health care providers:

- Make sure that the health care professionals in the group are aware of community resource personnel, such as diabetes educators, nutritionists, and diabetes control teams at the state and local health departments.
- Address the availability of a team to help the doctor help a patient. Team members might include the primary care physician, a certified diabetes educator, a dietitian, a pharmacist, a podiatrist, a physical therapist, a mental health professional, a social worker, and a peer educator or community health worker. Distribute the handout *Team Care: Comprehensive Lifetime Management for Diabetes*. Explain that this monograph can guide the doctor in forming a diabetes team at his or her practice.
- Address the doctors' feelings about arranging for a team to care for a person with diabetes.

**Ask:** What are some barriers to such an arrangement? Answers may include:

- Lack of access to a team.
- Reimbursement issues.
- Lack of prior experience with team care.
- The “hassle factor” of making arrangements with the patient’s health plan.

**Ask the group** to brainstorm about solutions.

***Make sure that the following information is brought out in the discussion:***

- Tell participants about the availability of free resources from the National Diabetes Education Program on team care, such as the monograph *Team Care: Comprehensive Lifetime Management for Diabetes* and many other materials.



- Refer participants to the Web site ***http://www.betterdiabetescare.nih.gov*** for more examples of team care and additional resources.



- 8. Distribute the handout *The 5As* and say:** You may find this handout on self-management support useful. The “5A” concept was first used in helping people to quit smoking, but the concept applies to diabetes prevention and control as well.



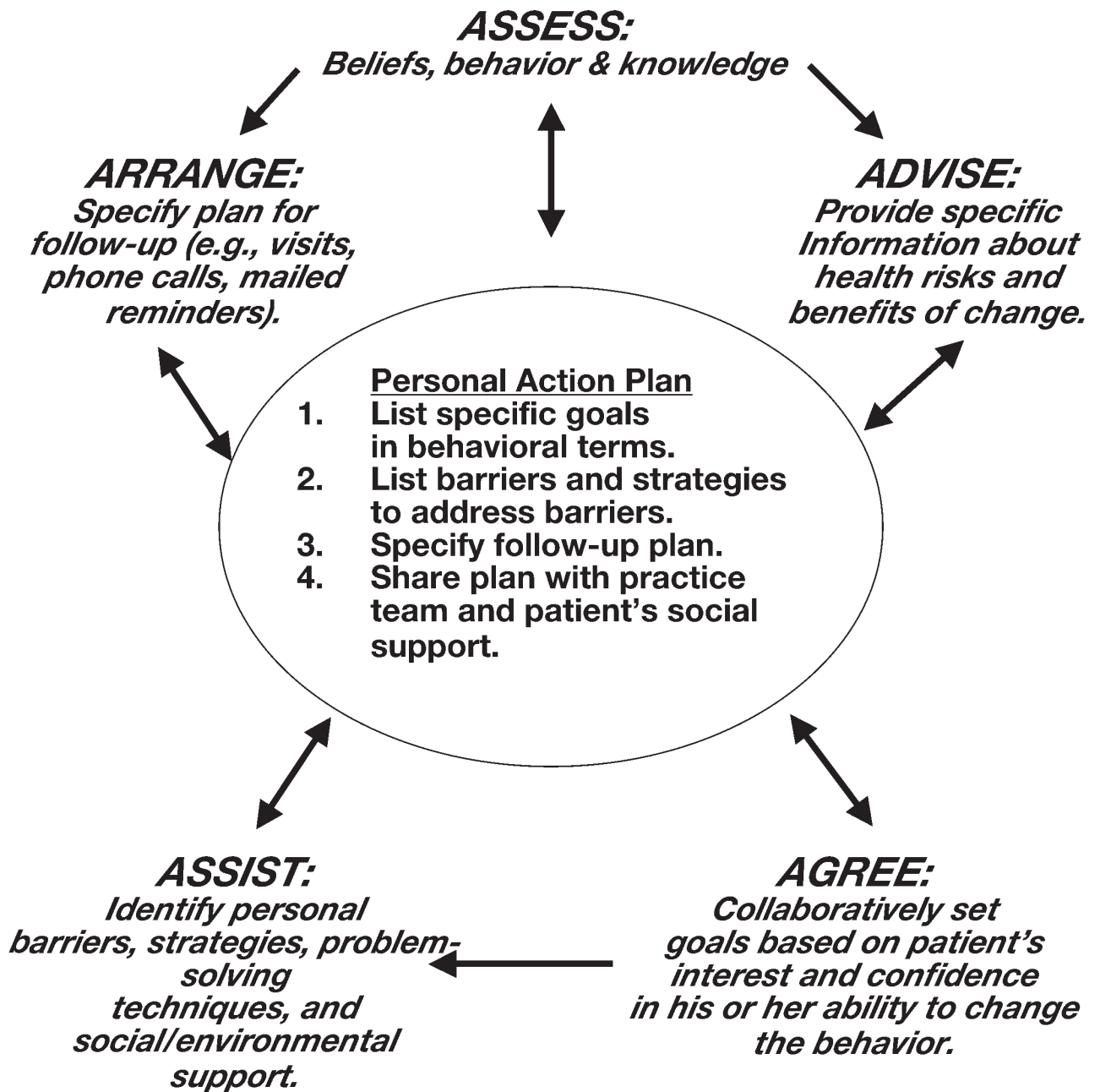
## **Alternative or Additional Classroom Exercise**

Using the handout *Role-Playing Exercise*, ask for volunteers to role-play the part of the health care provider and the part of the patient. First, ask them to play the scene in a contentious manner that escalates as the two people fail to connect. Then, ask the same two participants (or a different set of participants, if desired) to role-play ways in which the health care provider could show respect for the patient, show an understanding of the patient’s emotional stage, and find a way to work with the patient.



Handout for Session Thirteen

# The 5As







## Handout for Session Thirteen

# Role-Playing Exercise

Below are eight potential interactions (drawn from real clinical experiences with some details changed) that could take place between health care providers and their patients with diabetes. Ask participants to think about how each of these encounters might escalate, and about how the health care provider could defuse the situation. Then ask for two volunteers to choose one of the interactions and to act it out in front of the group. Have sets of volunteers act out as many interactions as time allows.

- Health Care Provider:** We need to get you a glucose monitor so you can check your blood sugar at home.

**Patient:** There's no way I am using one of those! All you doctors ever want to do is give shots and run tests. You probably make money off those glucose monitor machines. You doctors are all alike.
- Health Care Provider:** We'll need to start you on insulin.

**Patient:** I won't start insulin.

**Health Care Provider:** You need to start insulin. Your blood sugar is 400.

**Patient:** That doesn't matter. I am not taking the needle, and you can't make me.
- Health Care Provider:** We need to start you on these pills for your diabetes.

**Patient:** I don't want any of those toxic drugs. I only take all-natural remedies.
- Health Care Provider:** Your blood pressure is high. You need to lose a few pounds.

**Patient:** Are you saying I'm fat? I like having a little meat on my bones! I am so sick of you skinny know-it-alls telling me I'm fat!
- Health Care Provider:** Tobacco and diabetes are a bad combination. If you don't quit smoking, those cigarettes are going to kill you.

**Patient:** (shrugging) The way I figure it, everybody's got to die of something someday.
- Health Care Provider:** If you don't change the way you eat, your diabetes is going to get worse.

**Patient:** (tearfully) I know, I know! I'm such a weak person, doctor. I am so sorry. I just hate it when I'm a bad girl [or boy] and overeat. Will you forgive me?
- Health Care Provider:** Oh, and by the way, your lab tests came back, and you have diabetes.

**Patient:** Oh my God!

**Health Care Provider:** So we need to do some tests, and we might need to start you on some medicines. Let's set you up to talk to the dietitian. I'll ask the nurse



to teach you how to use the glucose monitor to check your blood sugar at home. Here's a pamphlet for you that will tell you all about diabetes.

**Patient:** (still in shock) I have diabetes? Are you sure? Oh, my God, I can't believe it...

8. **Health Care Provider:** How is your blood sugar doing?

**Patient:** Oh, I don't check it anymore. My cousin gave me this book on Ozone Therapy, so I don't need to worry about my diabetes anymore.